Tripler Army Medical Center CHCS / AHLTA Account Creation Request Form TAMC Form 30

For use only when e30 is unavailable FAX completed form to 433-1400 or email PDF to TAMC IM CHCS-AHLTA Accounts * REQUIRED FIELD - ALL INFORMATION MUST BE TYPED USER INFORMATION	*User status: X New Account Modify Account Terminate Account Forgot Codes Returned from Deployment
*LEGAL NAME: ACCOUNT APPLICANT A Last First Initial	*DUTY PHONE: 808 123-4567
*SSN: 999-88-0000	
*AHLTA ACCOUNT FROM PREVIOUS LOCATION:	
*ROLE: STAFF PROVIDER RESIDENT RN LPN MEDIC / NURSE ASSISTANT CLINIC CLERK MEDICAL STUDENT OTHER: REMOTE USER/PROVIDER	
*SPECIALTY POSITION: ☐ SECTION CHIEF ☐ OIC ☐ SUPERVISOR ☐ HN / CNS ☐ CRNA/ NP ☐ N/A *DEPARTMENT / SERVICE: _18 TH MEDCOM *DUTY AREA (WARD/CLINIC): N/A	
PROVIDER SPECIALTY INFORMATION – REFER TO LIST OF CLINICAL SPECIALTY CODES	
PRIMARY SPECIALTY:011 - INTERNIST SECONDARY SPECIALTY(s): *CREDENTIALS IF REQUIRED TO BE COMPLETED BY SITE -*APPROVED BY:ABCD, XYZ* DATE APPROVED:dd/mmm/yy	
CHCS MENUS – CHECK IF READ ONLY X MENUS BASED ON USER ROLE/POSITION IF NOT READ-ONLY AHLTA GROUP (if requested) – CHECK IF READ ONLY X ACCESS BASED ON USER ROLE/POSITION IF NOT READ-ONLY	
SPECIAL REQUESTS/NOTES: *PRIMARY CLINIC: SPECIAL REQUESTS/NOTES:	
Needs access to sensitive notes & results, and to Theater notes	
*TRAINING Completed Registered / Scheduled N/A	
*COURSE: *DATE OF TRAINING:	
NOTE: Course registration must be completed 5 full business days prior to scheduled course date. Contact 433-4700 if TES is unavailable.	
*SUPERVISOR/SPONSOR – I verify this user is authorized to access TAMC Clinical Systems.	
	*DUTY PHONE:
*SIGNATURE:	*DATE:
*TRUSTED AGENT NAME (if any):	*DATE SUBMITTED:
TO BE COMPLETED BY ACCOUNT MANAGER:	
ACCESS CODE: VERIFY CODE:	
AHLTA USERID: PASSWORD:	
INSTRUCTION SET: CHCS ONLY AHLTA ACCOUNT CREATED BY IMD FIRST TIME AHLTA LOGON	
Primary Menu: AHLTA	Group/Keys assigned:
Secondary Menus:	
FM/Security Keys/Key Group assigned:	
,,,,	

*System(s):

CHCS
AHLTA

X BOTH